

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
SELECTION SERVICES SECTION  
SUPPLEMENTAL APPLICATION EXAMINATION FOR CHIEF PHYSICIAN AND SURGEON, CF**

**Read instructions carefully**

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Chief Physician and Surgeon, Correctional Facility (CF) with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

Candidate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Residency Training:

Post Graduate Year 1

Post Graduate Year 2

Post Graduate Year 3

Medical License: \_\_\_\_\_

Number

Expiration date

State

Specialty Board Certification: \_\_\_\_\_

Number

Specialty

Expiration Date

Board Re-certification date: \_\_\_\_\_

Signature

Date

**I certify that all the statements I have made in this application are true and correct.**

***MAILING INSTRUCTIONS:***

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 (you may download a copy of the STD. 678 from the State Personnel Board's website at [www.spb.ca.gov](http://www.spb.ca.gov)) to the address listed below:

**MAIL COMPLETED  
STD. 678 AND  
SUPPLEMENTAL  
APPLICATION TO:**

California Department of Corrections and Rehabilitation  
Selection Services Section  
P. O. Box 942883  
Sacramento, CA 94283-0001

**CHIEF PHYSICIAN AND SURGEON, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**MINIMUM QUALIFICATIONS**

**All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this exam.**

“Possession of the legal requirements for the practice of medicine in California as determined by the Medical Board of California or the Osteopathic Medical Board of California. (Applicants who are in the process of securing approval of their qualifications by the Medical Board of California or the Osteopathic Medical Board of California will be admitted to the examination, but the Board to which application is made must determine that all legal requirements have been met before candidates will be eligible for appointment.)

**And**

Possession of a valid certificate issued by an American Medical Specialty Board or an American Osteopathic Board as a specialist in one of the fields of medicine, or eligibility for examination for such a certificate as evidenced by a written statement from the Secretary of an American Specialty Board or an American Osteopathic Board. (Applicants who are in the process of establishing specialty board eligibility will be admitted to the examination but the required verification must be submitted before appointment.)”

**JOB REQUIREMENTS**

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

- |                                                                                                                                                                |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Are you willing to work in a State correctional facility?                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you willing to provide medical care to inmates?                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you willing to comply with the Department's safety and security procedures?                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you willing to participate in departmental legal activities (e.g., serve as an expert witness, material witness, defendant)?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you willing to work Physician-on-Call or Medical Officer-of-the-Day assignments (e.g. evenings, nights), which may extend beyond regular working hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you willing to work various schedules (e.g., day shift, swing shift, night shift)?                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you willing to actively participate in the peer review and clinical quality review process?                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you willing to comply with tuberculosis screening requirements?                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**DEGREES, RESIDENCIES, AND CERTIFICATIONS**

Please indicate if you have completed any of the following degrees, residencies, or certifications.

- ☐ 9. Master's degree/PhD. in a health-care related field
- ☐ 10. Successfully completed an approved 36-month residency program in either family practice or internal medicine.
- ☐ 11. Successfully completed an approved 36-month residency program in pediatrics or adolescent medicine.
- ☐ 12. Board certified in either family practice or internal medicine.
- ☐ 13. Board certified in pediatrics or adolescent medicine
- ☐ 14. Certified Correctional Health Professional (CCHP)

**CHIEF PHYSICIAN AND SURGEON, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**LICENSE REQUIREMENTS**

Please answer the questions below regarding the status of your medical license.

- |                                                                                                                                                             |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 15. Is your license to practice medicine currently restricted?                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Have you been convicted of any felony crime related to the practice of medicine that has restricted your ability to practice or your scope of practice? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Are there currently any pending disciplinary charges against you?                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Have there been any disciplinary actions completed against you that have restricted your ability to practice medicine?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Have there been any settlements, malpractice judgments, or arbitration awards rendered against you?                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Have any disciplinary actions been taken against you by another state or jurisdiction?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Have you been convicted of any misdemeanor related to the practice of medicine that has restricted your ability to practice or your scope of practice?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Is your license to practice medicine currently subject to probationary conditions?                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. Have your clinical privileges at any hospital or health care institution ever been revoked?                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. Has your medical staff membership or medical staff status at any hospital ever been revoked?                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SUPERVISORY EXPERIENCE**

Please check the box(es) that indicate which of the following staff you have directly supervised after receiving your license.

- ☐ 25. Physicians
- ☐ 26. Registered Nurses
- ☐ 27. Therapists (recreational, occupational, physical, etc.)
- ☐ 28. Dental staff
- ☐ 29. Physician Assistants
- ☐ 30. Residents/Interns
- ☐ 31. Nurse Practitioners
- ☐ 32. Mental Health staff

**CHIEF PHYSICIAN AND SURGEON, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**WORK EXPERIENCE**

<b>Note to Applicants:</b> Under "Work Experience," for Items #33-54, please:  <b>Frequency</b> <ul style="list-style-type: none"> <li>Indicate if you have performed this task within the last 12 months; <u>and</u></li> <li>Indicate how often you perform this task (e.g., select one box from "weekly" "monthly" and "annually" column)</li> </ul> <b>Level of Skill:</b> <ul style="list-style-type: none"> <li>The level of skill that you have in performing this task(e.g., select one box from the "level of skill" column)</li> </ul>	Frequency			Level of skill			
	Performed task within last 12 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
33. Interview patients to establish symptoms and medical history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Physically examine patients to determine symptoms, evaluate health status, and determine diagnoses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Write progress notes, patient histories, correspondence, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Interpret medical charts, lab reports and other documents to determine next step in patients' treatments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Order appropriate lab studies, X-rays/imaging scans and other diagnostic tests to determine patient's condition or illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Diagnose patients' diseases or conditions to determine treatment methods, needed referrals, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Order medical interventions (e.g. medication, special diets, physical therapy, etc.) appropriate to treat patients' conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Make rounds to facilitate continuity of care and management of patient's conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Schedule follow-up appointments with chronically ill patients to facilitate continuity of care and management of patients' Conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Administer treatments (e.g., medications, dressing, injections).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Perform procedures (e.g., suturing, incision and drainage, endo tracheal intubation, and/or excision, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Educate patients about their diagnosis, treatment, condition and Prognosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Plan, organize and direct the work of staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CHIEF PHYSICIAN AND SURGEON, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

<b>Note to Applicants:</b> Under "Work Experience," for Items #33-54, please:  <b>Frequency</b> <ul style="list-style-type: none"> <li>Indicate if you have performed this task within the last 12 months; <u>and</u></li> <li>Indicate how often you perform this task (e.g., select one box from "weekly" "monthly" and "annually" column)</li> </ul> <b>Level of Skill:</b> <ul style="list-style-type: none"> <li>The level of skill that you have in performing this task(e.g., select one box from the "level of skill" column)</li> </ul>	Frequency			Level of skill			
	Performed task within last 12 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
46. Clinically supervise Registered Nurses, Physician Assistants, Interns/Residents, and/or Nurse Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Serve as a consultant to health care staff on unusual or difficult Medical problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Arrange for consultation on difficult cases with medical Authorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Review clinical investigation protocols and/or internal research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Make managerial decisions regarding policy, patient treatment, Facility, equipment, personnel and budgeting needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Supervise and assign Physicians to daily shifts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Develop and implement programs to train students, interns or Residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Conduct and/or facilitate staff conferences, meetings and In Service Training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Prepare written documents (e.g., correspondence, appeals, Policies, procedures, reports, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CHIEF PHYSICIAN AND SURGEON, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**AUTHORIZATION TO WORK IN THE UNITED STATES OF AMERICA**

**These questions are not part of the examination, but are for the hiring authority's information. If you answer 'yes' to question 2, please provide your Visa information below.**

1. Are you a citizen or permanent resident of the United States of America? ☐ Yes ☐ No
2. If no, are you in possession of a Visa that permits you to work in the United States of America? ☐ Yes ☐ No

**Visa type** \_\_\_\_\_

**Visa expiration date** \_\_\_\_\_

**CHIEF PHYSICIAN AND SURGEON, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY**

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

**TYPE OF APPOINTMENT YOU WILL ACCEPT**

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ **(D) Permanent Full-Time**      ☐ **(R) Permanent Part-Time**      ☐ **(K) Limited-Term Full-Time**      ☐ **(A) Any**

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

☐ **5 ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.**

**NOTE:** California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ **7231 NORTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

- ☐ 0309 **Mule Creek State Prison**  
Ione, Amador County
- ☐ 0802 **Pelican Bay State Prison**  
Crescent City, Del Norte County
- ☐ 1802 **California Correctional Center**  
Susanville, Lassen County
- ☐ 1805 **High Desert State Prison**  
Susanville, Lassen County
- ☐ 2102 **CSP, San Quentin**  
San Quentin, Marin County
- ☐ 3400 **Headquarters**  
Sacramento, Sacramento County
- ☐ 3404 **Folsom State Prison**  
Represa, Sacramento County

- ☐ 3417 **Richard A. McGee Correctional**  
Training Center, Galt, Sacramento County
- ☐ 3423 **CSP, Sacramento**  
Represa, Sacramento County
- ☐ 3901 **Deuel Vocational Institution**  
Represa, Sacramento County
- ☐ 4804 **California Medical Facility**  
Vacaville, Solano County
- ☐ 4811 **CSP, Solano**  
Vacaville, Solano County
- ☐ 5505 **Sierra Conservation Center**  
Jamestown, Tuolumne County

**YOUTH FACILITIES:**

- ☐ 3902 **DeWitt Nelson YCF**  
Stockton, San Joaquin County
- ☐ 3908 **O.H. Close YCF**  
Stockton, San Joaquin County
- ☐ 3917 **N.A. Chaderjian YCF**  
Stockton, San Joaquin County
- ☐ 3907 **Northern California YCF**  
Stockton, San Joaquin County
- ☐ 0311 **Pine Grove Youth**  
**Conservation Camp Facility**  
Pine Grove, Amador County
- ☐ 0307 **Preston YCF**  
Ione, Amador County

☐ **7232 CENTRAL REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

- ☐ 1015 **Pleasant Valley State Prison**  
Coalinga, Fresno County
- ☐ 1513 **Wasco State Prison –**  
**Reception Center**, Wasco, Kern County
- ☐ 1514 **North Kern State Prison**  
Delano, Kern County
- ☐ 1522 **Kern Valley State Prison**  
Delano, Kern County
- ☐ 1605 **Avenal State Prison**  
Avenal, Kings County
- ☐ 1606 **CSP, Corcoran**  
Corcoran, Kings County

- ☐ 2003 **Central California Women's Facility**  
Chowchilla, Madera County
- ☐ 2004 **Valley State Prison for Women**  
Chowchilla, Madera County
- ☐ 2701 **Correctional Training Facility**  
Soledad, Monterey County
- ☐ 2708 **Salinas Valley State Prison**  
Soledad, Monterey County
- ☐ 4005 **California Men's Colony**  
San Luis Obispo, San Luis Obispo County
- ☐ 1608 **California Substance Abuse Treatment**  
**Facility**, Corcoran, Kings County

**YOUTH FACILITIES:**

- ☐ 4003 **El Paso de Robles YCF**  
Paso Robles,  
San Luis Obispo County

☐ **7233 SOUTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

- ☐ 1307 **Calipatria State Prison**  
Calipatria, Imperial County (North)
- ☐ 1308 **Centinela State Prison**  
Imperial, Imperial County (South)
- ☐ 1503 **California Correctional Institution**  
Tehachapi, Kern County
- ☐ 1995 **CSP, Los Angeles**  
Lancaster, Los Angeles County
- ☐ 3310 **California Rehabilitation Center**  
Norco, Riverside County

- ☐ 3313 **Chuckawalla Valley State Prison**  
Blythe, Riverside County
- ☐ 3329 **Ironwood State Prison**  
Blythe, Riverside County
- ☐ 3612 **California Institution for Men**  
Chino, San Bernardino County
- ☐ 3613 **California Institution for Women**  
Corona, San Bernardino County
- ☐ 3715 **R. J. Donovan Correctional Facility**  
**at Rock Mountain**, San Diego,  
San Diego County

**YOUTH FACILITIES:**

- ☐ 3628 **Heman G. Stark YCF**  
Chino, San Bernardino County
- ☐ 1967 **Southern Youth Correctional**  
**Reception Center & Clinic**  
Norwalk, Los Angeles County
- ☐ 5610 **Ventura YCF**  
Camarillo, Ventura County

Please notify CDCR promptly of any address changes or availability for employment at the following address:

CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center.

**CHIEF PHYSICIAN AND SURGEON, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**RECRUITMENT QUESTIONNAIRE**

**This question is not part of the examination, but is for the hiring authority's information.**

***HOW DID YOU HEAR ABOUT THE CHIEF PHYSICIAN AND SURGEON, CF EXAMINATION?***

Check the box that best describes how you found out about the Chief Physician and Surgeon, CF examination.

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Job Fair/Career Fair
- ☐ Other